

Amendment No. 1 to SB3736

Crowe
Signature of Sponsor

AMEND Senate Bill No. 3736

House Bill No. 3413*

by deleting the language after the enacting clause in its entirety and substituting the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

63-6-242.

(a) On or before January 1, 2013, the board shall promulgate rules requiring a one-time training concerning the use of certain opioids in treatment of pain for any physician who prescribes or dispenses such opioids or supervises another health care provider who prescribes such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Physicians to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, a physician shall not be authorized to prescribe any opioid

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covered by this section or supervise another prescriber who prescribes such opioids unless the physician has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids or supervise prescribers who do shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 9, is amended by adding the following as a new section:

63-9-119.

(a) On or before January 1, 2013, the board shall promulgate rules requiring a one-time training concerning the use of certain opioids in treatment of pain for any osteopathic physician who prescribes or dispenses such opioids or supervises another health care provider who prescribes such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;

- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Osteopathic physicians to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, an osteopathic physician shall not be authorized to prescribe any opioid covered by this section or supervise another prescriber who prescribes such opioids unless the osteopathic physician has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids or supervise prescribers who do shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 7, Part 1, is amended by adding the following as a new section:

63-7-128.

(a) On or before January 1, 2013, the board shall promulgate rules requiring a one-time training concerning the use of certain opioids in treatment of pain for any advanced practice nurse who has been issued a certificate of fitness and prescribes or dispenses such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Advanced practice nurses to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, an advanced practice nurse shall not be authorized to prescribe any opioid covered by this section unless the advanced practice nurse has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 4. Tennessee Code Annotated, Title 63, Chapter 19, is amended by adding the following as a new section:

63-19-116.

(a) On or before January 1, 2013, the committee on physician assistants shall promulgate rules requiring one-time training concerning the use of certain opioids in treatment of pain for any physician assistant who prescribes or dispenses such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Physician assistants to which this section applies shall have one year after the effective date of the committee's rules regarding the training requirement to complete such required training. Thereafter, a physician assistant shall not be authorized to prescribe any opioid covered by this section unless the physician assistant has successfully completed the training required by this section. The committee, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the committee that appropriate and affordable training is not reasonably available. If the committee audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the committee with compelling proof that the licensee's statement was inaccurate.

SECTION 5. Tennessee Code Annotated, Title 63, Chapter 5, is amended by adding the following as a new section:

63-19-135.

(a) On or before January 1, 2013, the board of dentistry shall promulgate rules requiring one-time training concerning the use of certain opioids in treatment of pain for any dentist who prescribes or dispenses such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a

minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Dentists to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, a dentist shall not be authorized to prescribe any opioid covered by this section unless the dentist has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 6. Tennessee Code Annotated, Title 63, Chapter 5, is amended by adding the following as a new section:

63-3-129.

(a) On or before January 1, 2013, the board of podiatric examiners shall promulgate rules requiring one-time training concerning the use of certain opioids in treatment of pain for any podiatrist who prescribes or dispenses such opioids. The

training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Podiatrists to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, a podiatrist shall not be authorized to prescribe any opioid covered by this section unless the podiatrist has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 7. Tennessee Code Annotated, Title 63, Chapter 8, is amended by adding the following as a new section:

63-8-135.

(a) On or before January 1, 2013, the board of optometry shall promulgate rules requiring one-time training concerning the use of certain opioids in treatment of pain for any optometrist who prescribes or dispenses such opioids. The training shall address issues of pain management, patient counseling and other risk reduction factors for opioids. At a minimum the training shall be consistent with the federal food and drug administration's Risk Evaluation and Mitigation Strategy or with any successor initiative.

(b) The training shall particularly address extended-release and long-acting opioids and shall include at least the following drugs:

- (1) Hydromorphone;
- (2) Morphine;
- (3) Oxymorphone;
- (4) Methadone;
- (5) Transdermal fentanyl;
- (6) Transdermal buprenorphine; and
- (7) Oxycodone.

(c) Optometrists to which this section applies shall have one year after the effective date of the board's rules regarding the training requirement to complete such required training. Thereafter, a optometrist shall not be authorized to prescribe any opioid covered by this section unless the optometrist has successfully completed the training required by this section. The board, in its discretion, may excuse a licensee from compliance with this section for a reasonable time upon a finding by the board that appropriate and affordable training is not reasonably available. If the board audits a licensee for compliance with this provision, a statement that the licensee does not prescribe such opioids shall be sufficient evidence to demonstrate compliance. The licensee's statement may be rebutted by the board with compelling proof that the licensee's statement was inaccurate.

SECTION 8. This act shall take effect upon becoming a law, the public welfare requiring

it.